



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631  
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: www.wsgc.wa.gov

### FAIR BOARD MEMBERS

#### Attachment to application for Agricultural Fairs to Operate Bingo, Raffles, and / or Amusement Games

As detailed below, provide the requested information on the elected fair board President, Treasurer, and Chairman of the Board.

• Full Name: _____	Position on Fair Board: _____
Social Security No.: _____	Phone Number: (_____) _____ - _____
Home Address: _____	Date of Birth: _____
_____	_____
City	State Zip County
• Full Name: _____	Position on Fair Board: _____
Social Security No.: _____	Phone Number: (_____) _____ - _____
Home Address: _____	Date of Birth: _____
_____	_____
City	State Zip County
• Full Name: _____	Position on Fair Board: _____
Social Security No.: _____	Phone Number: (_____) _____ - _____
Home Address: _____	Date of Birth: _____
_____	_____
City	State Zip County
• Full Name: _____	Position on Fair Board: _____
Social Security No.: _____	Phone Number: (_____) _____ - _____
Home Address: _____	Date of Birth: _____
_____	_____
City	State Zip County

### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the unlikely event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

### OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Executive Officer